

# Milwaukee County Form CV 6: Affidavit of Debts

STATE OF WISCONSIN

CIRCUIT COURT  
CIVIL DIVISION

MILWAUKEE COUNTY

In the Matter of the Voluntary Amortization of Debts of:

\_\_\_\_\_  
Debtor(s)

Case No. \_\_\_\_\_  
Case Code No. 30304

## Affidavit of Debts under Wis. Stat. §128.21

State of Wisconsin     )  
                                      ) SS  
Milwaukee County     )

\_\_\_\_\_ (Debtor's(s') name(s)), being first duly sworn upon oath, deposes and states:

He/she/they is/are the debtor(s) in the above-entitled proceeding. The following is a true list of the debts debtor(s) desire(s) to be included in the amortization plan to be formulated by the trustee.

### *Instructions:*

1. List each creditor by name and address and identify any account number you have for that creditor unless there would be an identity theft issue, i.e. the account number is a social security number.
2. List the amount due each creditor.
3. List a total of all debts to be included in the plan.
4. Each debtor must sign and each signature must be notarized.
5. Attach additional sheets if necessary to complete the list.

### **List of Creditors and Debts:**

Name of Creditor	Address of Creditor (incl. city, state, zip)	Account Number	Amount Due

**List of Creditors and Debts, cont'd:**


☐ Check box if additional pages attached

**TOTAL AMOUNT INCLUDED IN PLAN**      \$ \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Debtor 1 Name

\_\_\_\_\_  
Print Name

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of Wisconsin  
Print Name: \_\_\_\_\_  
My commission expires \_\_\_\_\_, 20\_\_  
or is permanent

Dated: \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Debtor 2 Name (if any)

\_\_\_\_\_  
Print Name

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of Wisconsin  
Print Name: \_\_\_\_\_  
My commission expires \_\_\_\_\_, 20\_\_  
or is permanent